

Yellowstone Event System (YES)

User Guide

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What is YES?

The Yellowstone Event System (YES) is to be used by any authorized employee/user to track all incidents/events and complaints/grievances that occur in your facility as well as any near misses or “good catches”. It will provide your risk management and guest relations departments with details regarding any incident/event or complaint/grievance that you document and proper follow up can be completed by department managers.

If you have a question as to what is reportable or not in the YES system, contact your Risk Management department.

Login

To login to YES to enter an event/incident, click on your YES desktop icon or the link/choice on your hospital web page.

The link will take you to this site: <https://risk.yellowstoneinsurance.com/HAS/Login.aspx>

The following login page will display:

Yellowstone Insurance Exchange, RRG
Yellowstone Event System (YES)
Event Reporting System

Log Out
View Resource/Help Docs

My Open Follow Up

No Open Follow Ups/Tasks Assigned To: WEB 38-34-NIOBRARA COUNTY

Follow Up Number	Owner Number	Module	Follow Up Due	Created Date	Patient/Person Name	Follow Up Task	Category	Code	Dept	Location
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- Select Entry Type -

[Login/Password Issues?—Click On The Link - View Reference Docs on this page and select Your Hospital YES User Guide - For Any Other System Questions contact support@riskqual.com](#)



Enter your assigned User ID and Password

User ID: Your First Name Initial + Last Name +HD
(For example: John Doe would login as **JDOEHD**)

Password: NHD2021

****Make sure you enter UPPERCASE letters as they are above on the password****

Problem Logging In

If you have a problem logging in or once you click LOGIN, and message states “Invalid User Name/Password”, you have not entered your correct User ID and password combination. Please check to ensure you have used the format above. If you still experience a problem, contact your

Hospital IT Help Desk or Department for assistance. You may also contact RiskQual Support at support@riskqual.com.

IF you are exited from the login page upon entering your User ID and password, your Pop Up Blocker settings are most probably turned ON on your computer's Internet Explorer settings.



Go to your Internet Explorer icon. Click on Tools – Pop Up Blocker – Turn OFF Pop Up Blocker. This is a temporary measure to allow you to enter your incident/event.

Go back to the link to YES system and login.

****Contact your IT department** so that they can ensure that the Pop Up Blocker is turned OFF only for this YES website**

Any other questions – contact your Risk Manager/Designated YES System Administrator as advised internally by your risk management/nursing direction.

Entering a New Incident/Event

When entering an incident/event, all required questions must be answered at a minimum before you can SAVE. If you do not save your incident/event, it will not be saved automatically.

Upon Login to the system, you are presented with a selection to “Select Entry Type”



Click to select Incident to report an Incident/Event.

The following options display to the right:



PATIENT INCIDENT – Select if incident affected a Patient or if the incident you are reporting was a Near Miss/Good catch is related to a patient.

NON PATIENT INCIDENT – Select if incident affected a Non-Patient (i.e., Visitor) or if the incident you are reporting was a Near Miss/Good Catch related to a non patient or non-person (i.e., Visitor, Volunteer, General Medication or Equipment issues, etc. not affecting or involving any patient or person).

Click to make the appropriate selection.



Click **New** to enter a new Incident/Event.

You will be taken to the entry screen for a Patient or Non Patient incident/event respectively based on your selection.

*** NOTE *** When entering an incident/event, all required questions must be answered at a minimum before you can SAVE. If you do not save your incident/event, it will not be saved automatically.

PATIENT Incident Entry

When selecting PATIENT Incident in the “Select Incident Type” prompt, the following sets of questions will display. Questions will include/exclude themselves according to logic built into the screens that your facility risk manager designed. Those options are reviewed in the various screenshots below.

The incident entry questions will display to the right one at a time for you to begin answering them. As you answer each question, the responses will display on the grid to the left and the Edit link will display to the right in case you need to navigate back to change your response prior to saving the incident. You can always navigate and Edit above of where you are currently answering questions.

Patient Search

Enter LAST NAME of Patient & Click SEARCH

* Required

Search

Select Field	Value	
<input type="text" value="Patient Name"/> ▼	<input type="text"/>	<input type="button" value="Search"/>

Ex: HIGHLIGHT to Select

IF NOT FOUND - Click ADD PATIENT to Add Patient

Enter the Last Name of the Patient and or Last Name, First Name (Last Name comma SPACE First Name) to find the patient involved in the incident and click SEARCH. A listing of patient admissions with that last name displays.

Enter LAST NAME of Patient & Click SEARCH

* Required

Search

Select Field	Value	
Patient Name	pat	Search

Add Patient

2 (s) Records Found.

Admit ID/Number	Med Rec Number	Patient Name	Admit Date	Disch Date
PAT383412345	PAT3834123	Patient, Testing	09/07/2020	
ADM38341234566	PAT38341234	PatientToo, Testing	02/05/2021	

1

Please Select a page number to view more records

Prev Next

Ex: Highlight to Select

IF NOT FOUND - Click ADD PATIENT to Add Patient

Highlight the respective patient admission associated with the incident and click to select it.

** Patient NOT FOUND ***

Your hospital DOES NOT have an interface/Patient data feed coming into the YES system ongoing. Therefore, if a patient has an Incident or Complaint/Grievance and they have not had one prior, they most likely won't be in the YES system when you search.

If you SEARCH for the given patient and it is not found, click on ADD PATIENT button to add the patient/admission to the YES system.

Entry Type: PATIENT Incident (NEW)

Add New Patient

*** Required**

Person Type: PATIENT	Birth Date: (mm/dd/yyyy) 03/01/1950	Gender: F..... Female
TaxID Type: Select	TaxID:	MaritalStatus: Select
First Name: * Testing	Middle Initial:	Last Name: * Patient

Address

Address Type: HOME	Address:
Zip Code:	City:
State:	
Account Group Name: 38	Account Name: 32

Patient Information

MED REC NUMBER * PAT383212345	Master Patient Index:
ADMIT ID/NUMBER * PAT383299999	Admit Date: (mm/dd/yyyy) 03/01/2018
Age 69	Admit Time: (hh:mm) 12:12
	Age Unit: Year
	Admit Phys: Select Practitioner

Admit Bldg: Select	Admit Unit: Select	Department: Select
Admit Room:	Admit Bed:	Admit Loc: Select

ADMIT ICD9 CODE (enter either Diag. Code or a portion of description)

ADMIT ICD9 DESC

Follow the prompts in that ADD PATIENT screen to enter at least the required information ***Red Asterisk** and Save the Patient (First Name, Last Name, Med Rec Number and Admit /Account #).

You will then be returned to the entry template to continue your entry of the incident or complaint/grievance.

Upon selection of the patient admission from the list or adding a new patient, the respective patient's demographics display on the grid and system advances to the next question.

PATIENT INFO DETAILS	
* Type of Person	PATIENT
* Enter LAST NAME of Patient & Click SEARCH	PAT383412345
Patient OrgPerID	PAT38341
* Patient Name	PATIENT, TESTING
Medical Record #	PAT3834123
Gender/Sex	
Birth Date	
Patient Age	0
Patient Age Unit	
Admission Date	09/07/2020
Admitting Diagnosis	

Incident Reach the patient?

Did Incident Reach The Patient?

* Required

Yes No

Prev

Next

Ex: Did Incident Reach The Patient?

If Y, the system continues to prompt you for pertinent patient incident entry questions.

If answer "Did Incident Reach Patient?" = N

If you answer N to above question – the incident will be considered a Near Miss/Good Catch event that did not reach the patient.

19 * Did Incident Reach The Patient? N

System will only prompt you to answer the minimum required questions for a near-miss or good catch incident that did not occur (Incident date/time, category, code, description, etc.)

Incident Date

Date of Incident

* Required

January 2022						
S	M	T	W	T	F	S
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

Time of Incident

Time of Incident (Military)

* Required

Prev

Next

Ex: Enter Time of Incident (i.e., 23:15)

21	* Date of Incident	02/07/2017
22	Day Of Week	Tuesday
23	* Time of Incident (Military)	12:12
24	Shift Of Day	DAY

Upon entry of Date of Incident, the system will automatically populate the entry with the respective Day Of Week. Upon entry of Time of Incident, the system will automatically populate the entry with the respective Incident Time Shift Of Day.

Location of Incident

Location Of Incident

* Required

Response is required for this field

ACUTE.....	(ACUTE)
ADMIN.....	(ADMINISTRATION)
AMBULANCE..	(AMBULANCE)
BILLINGDEP.	(BILLING DEPARTMENT)
CASEMGMT...	(CASE MANAGEMENT)
CENTRALSUP.	(CENTRAL SUPPLY)
CLINIC.....	(CLINIC)
DIETARY....	(DIETARY)
ED.....	(EMERGENCY DEPARTMENT)
ENGMaint...	(ENGINEERING / MAINTENANCE)
ECULTC.....	(EXTENDED CARE UNIT/LTC)
GROUNDS...	(GROUNDS)
INTRANSIT..	(IN-TRANSIT)
LAB.....	(LABORATORY)
LAUNDRY....	(LAUNDRY)
MEDREC.....	(MEDICAL RECORDS)
OFFPREM....	(OFF PREMISES)
OTHER.....	(OTHER)
PARKLOT....	(PARKING LOT)
PATREGIST..	(PATIENT REGISTRATION)
PATHOME....	(PATIENT'S HOME)
PHARMACY...	(PHARMACY)
PHYSTHERP..	(PHYSICAL THERAPY)
PHYSOFF....	(PHYSICIAN'S OFFICE)
RADIOLOGY..	(RADIOLOGY)
STAIRS.....	(STAIRS)
UNKNOWN....	(UNKNOWN)

Select location where the incident occurred. If a particular location is not above, advise your risk management department.

Exact Location/Room

Exact Location/Room

Prev

Next

Ex: Enter Room #, Bathroom, etc (Limit 100 characters)

Enter exact location of the incident (i.e., Patient Room, Room # 234).

Incident Category

Incident Category

* Required

ADMIN.....	(ADMINISTRATIVE)
ARREST.....	(ARREST (CARDIAC/RESPIRATORY))
BEHAVIOR...	(BEHAVIOR)
BLOOD.....	(BLOOD RELATED)
CONSENT....	(CONSENT/AUTHORIZATION)
EQUIPMENT..	(EQUIPMENT/MEDICAL DEVICE)
FALL.....	(FALLS)
IV.....	(IV)
MEDICATION.	(MEDICATION)
OTHER.....	(OTHER EVENTS)
PROPERTY...	(PROPERTY)
TPS.....	(TREATMENT/PROCEDURE/SPECIMEN COLLECTION)

Incident Category displays with drop down of available selections to choose from.

Incident Sub Category

Incident Sub-Categ

* Required

ASSISTED...	(ASSISTED/LOWERED TO FLOOR)
FAINTED....	(FAINTED)
FLOOR.....	(FOUND ON FLOOR)
BED.....	(FROM BED)
COMMODO....	(FROM BEDSIDE COMMODOE/TOILET)
CHAIR.....	(FROM CHAIR/WHEELCHAIR)
CRIB.....	(FROM CRIB)
FROM CURB..	(FROM CURB)
EXERCEQUIP.	(FROM EQUIPMENT)
EXAMTABLE..	(FROM EXAM/XRAY or TABLE/GURNEY)
SHOWER.....	(IN SHOWER)
OTHER.....	(OTHER)
WHILEAMB...	(WHILE AMBULATING / STANDING)

Incident Sub Category can be selected. The Incident Sub Categories that display on above drop down depend on the selection made in Incident Category before it.

Below are Niobrara Community Hospital's ---- Specific Categories & Codes (as selected by your risk manager:

ADMIN sub category

Incident Sub-Categ

* Required

CONFIDENT..	(BREACH OF CONFIDENTIALITY/HIPAA)
CONTRACT...	(BREACH OF CONTRACT)
COMMUNIC...	(COMMUNICATION)
COMPLAINT..	(COMPLAINT)
CYBER.....	(CYBER SECURITY)
LFSFTY.....	(ENVIRONMENT OF CARE/LIFE SAFETY)
MISSVISIT..	(MISSED VISIT)
OTHER.....	(OTHER)
PATRELTERM.	(PATIENT RELATIONSHIP TERMINATED)
THEFT.....	(THEFT)

ARREST Sub Categories

Incident Sub-Categ

* Required

CARDPULM...	(CARDIAC/PULMONARY OCCURRENCE/EVENT)
RESP.....	(RESPIRATORY ARREST)
UNEXDEATH..	(UNEXPECTED DEATH)

Ex: Select Sub Category of the Incident

BEHAVIOR Sub Categories

Incident Sub-Categ

* Required

AMA.....	(AGAINST MEDICAL ADVICE)
AGGRESSION.	(AGGRESSION)
ASSAULT....	(ASSAULTIVE)
ATTSUICIDE.	(ATTEMPTED SUICIDE)
AWOL.....	(AWOL/ELOPEMENT)
BITE.....	(BITE)
COMBPEER..	(COMBATIVE PEER)
CONTRABAND.	(CONTRABAND)
DANGERSELF.	(DANGER TO SELF)
FAMVISWSTA.	(FAMILY/VISITORS WITH STAFF)
HARRASS....	(HARRASSMENT/DISCRIMINATION)
INJUNKORIG.	(INJURIES OF UNKNOWN ORIGIN)
LWBS.....	(LEFT WITHOUT BEING SEEN)
NEGLECT....	(NEGLECT/ENDANGERMENT)
OTHER.....	(OTHER)
PATWFAM....	(PATIENT WITH FAMILY)
PATWPAT....	(PATIENT WITH PATIENT)
PATCAREG..	(PATIENT WITH PERSONAL CAREGIVER)
PATWPHYS..	(PATIENT WITH PHYSICIAN)
PATWSTAF..	(PATIENT WITH STAFF)
PATWVIS....	(PATIENT WITH VISITORS)
PHYSFAMVIS.	(PHYSICIAN WITH FAMILY/VISITOR)
PHYSPAT....	(PHYSICIAN WITH PATIENT)
PHYSWSTAF..	(PHYSICIAN WITH STAFF)
REFUSAL....	(REFUSAL OF CARE)
SELFINFLIC.	(SELF INFLICTED)
SEXACTING..	(SEXUAL ACTING OUT)
SEXMOL.....	(SEXUAL MOLESTATION)
SMOKRELAT..	(SMOKING RELATED)
STAFFPAT...	(STAFF WITH PATIENT)
STAFWSTAF..	(STAFF WITH STAFF)
SUICIDE....	(SUICIDE)
THREAT.....	(THREAT)
THREATAGG..	(THREAT OF AGRESSION)

BLOOD Sub Categories

Incident Sub-Categ

* Required

ALLERGY....	(ALLERGY/REACTION)
DISCGIVEN..	(DISCONTINUED, BUT GIVEN)
EXTRDOSE...	(EXTRA DOSE)
MISDOSE....	(MISSED DOSE)
OTHEQUIP...	(OTHER ISSUES / EQUIPMENT)
TRANSCRIPT.	(TRANSCRIPTION ERROR)
TRANSQUICK.	(TRANSFUSED TOO QUICKLY)
TRANSLOW..	(TRANSFUSED TOO SLOWLY)
TRANSREAC..	(TRANSFUSION REACTION)
WRGBLOOD...	(WRONG BLOOD)
WRGDOSE....	(WRONG DOSE)
WRGLABEL...	(WRONG LABEL)
WRGPAT.....	(WRONG PATIENT)
WRGTIME....	(WRONG TIME)
WRGTYPE....	(WRONG TYPE/FILLED WRONG)

CONSENT/AUTHORIZATION Sub Categories

Incident Sub-Categ

* Required

INCOMPLETE..	(INCOMPLETE CONSENT)
INCORRECT..	(INCORRECT CONSENT)
NOFORM.....	(NO CONSENT FORM)
OTHER.....	(OTHER CONSENT ISSUES)
UNSIGNED...	(UNSIGNED CONSENT)

EQUIPMENT Sub Categories

Incident Sub-Categ

* Required

BREAK.....	(BROKEN)
CONTAMINAT.	(CONTAMINATED)
DMGOUTLET..	(DAMAGED OUTLET)
DEFECTIVE..	(DEFECTIVE)
DELIVERY...	(DELIVERY PROBLEM)
DISCON.....	(DISCONNECTED)
EXPIRED....	(EXPIRED)
DEVICE.....	(IMPLANTED DEVICE)
MALFUNC....	(MALFUNCTION)
NOTAVAIL...	(NOT AVAILABLE)
OTHER.....	(OTHER)
SETUP.....	(SET UP)
STRUCK.....	(STRUCK BY)
UTILDISUPT.	(UTILITIES DISRUPTION)

FALL Sub Categories

Incident Sub-Categ

* Required

ASSISTED...	(ASSISTED/LOWERED TO FLOOR)
FAINTED....	(FAINTED)
FLOOR.....	(FOUND ON FLOOR)
BED.....	(FROM BED)
COMMODO....	(FROM BEDSIDE COMMODOE/TOILET)
CHAIR.....	(FROM CHAIR/WHEELCHAIR)
CRIB.....	(FROM CRIB)
FROM CURB..	(FROM CURB)
EXERCEQUIP.	(FROM EQUIPMENT)
EXAMTABLE..	(FROM EXAM/XRAY or TABLE/GURNEY)
SHOWER....	(IN SHOWER)
OTHER.....	(OTHER)
WHILEAMB...	(WHILE AMBULATING / STANDING)

IV Sub Categories

Incident Sub-Categ

* Required

SWOLLEN....	(ARM SWOLLEN)
BOTTLE.....	(BOTTLE/BAG NOT CHANGED)
CATHNCHANG.	(CATHETER NOT CHANGED)
DISCONNECT.	(DISCONNECTED)
INFILTRATE.	(INFILTRATE)
MISSDOSE...	(MISSED DOSE)
NUMBNESS...	(NUMBNESS)
OTHER.....	(OTHER)
OVERINF....	(OVER INFUSION)
PUMPINFUS.	(PUMP NOT INFUSING)
REDSITE....	(REDDENED SITE)
SAFETY.....	(SAFETY ISSUE)
TUBING.....	(TUBING/DRESSING NOT CHANGED)
UNABACC....	(UNABLE TO ACCESS)
UNDERINF...	(UNDER INFUSION)
WRGADDIT...	(WRONG ADDITIVE)
WRNGLABEL..	(WRONG LABEL)
WRGPAT.....	(WRONG PATIENT)
WRGSOL.....	(WRONG SOLUTION)
WRGTIM.....	(WRONG TIME)

MEDICATION Sub Categories

Incident Sub-Categ

* Required

ADVERREAC..	(ADVERSE REACTION/ALLERGY)
CONTRAIND..	(CONTRAINDICATED)
CDINCCNT...	(CONTROL DRUG - INCORRECT COUNT)
CDNCNDN....	(CONTROL DRUG NARCOTIC COUNT NOT COMPLETE)
CDNW.....	(CONTROL DRUG NOT WASTED)
DISPENSING.	(DISPENSING)
DISTRIB....	(DISTRIBUTION)
DOCUMENT...	(DOCUMENTATION)
EXPIRDRUG..	(EXPIRED DRUG)
EXTRDOSE...	(EXTRA DOSE)
FOODINTER..	(FOOD INTERACTION)
GIVENNORD..	(GIVEN, NOT ORDERED)
MEDNOTAVA..	(MEDICATION NOT AVAILABLE)
WASTED.....	(MEDICATION WASTED)
MEDINTER...	(MEDICATION/DRUG INTERACTION)
MISSDOSE...	(MISSED DOSE)
MONITORING.	(MONITORING)
OTHER.....	(OTHER)
PATNA.....	(PATIENT NOT AVAILABLE)
PRESCRIB...	(PRESCRIBING ERROR)
TRANSCRIPT.	(TRANSCRIPTION ISSUE)
WRGDATE....	(WRONG DATE)
WRGDOC.....	(WRONG DOCUMENTATION)
WRGDOSE....	(WRONG DOSE)
WRGFRDRG...	(WRONG FORM OF DRUG)
WRGLABEL...	(WRONG LABEL)
WRGMED.....	(WRONG MEDICATION)
WRGPAT.....	(WRONG PATIENT)
WRGROUTE...	(WRONG ROUTE)
WRGTIME....	(WRONG TIME)

OTHER Sub Categories

Incident Sub-Categ

* Required

ABDUCTION..	(ABDUCTION)
BLOODBRN...	(BLOOD BORNE PATHOGEN EXPOSURE)
COMMUNIC...	(COMMUNICATION)
DOCUMNT...	(DOCUMENTATION)
FIRE.....	(FIRE)
GENINJURY..	(GENERAL INJURY)
HAZARD.....	(HAZARDOUS CONDITION)
NEEDLESTCK.	(NEEDLESTICK)
POLVIOL....	(POLICY VIOLATIONS)
EXPOSURE...	(POSSIBLE EXPOSURE/EXPOSURE TO AN INFECTIOUS DISEASE)
PREMDISCH..	(PREMATURE DISCHARGE)
REGISTRAT..	(REGISTRATION ISSUE)
SAFESECUR..	(SAFETY/SECURITY ISSUES)
SOFTWAREMAL.	(SOFTWARE SYSTEM MALFUNCTION)
VEHICLECOL.	(VEHICLE COLLISION)

PROPERTY Sub Categories

Incident Sub-Categ

* Required

DAMOTHER...	(DAMAGED - OTHER)
DAMCONT...	(DAMAGED CONTACTS)
DAMDENT...	(DAMAGED DENTURES)
DAMGLAS...	(DAMAGED GLASSES)
DAMHEAR...	(DAMAGED HEARING AID)
DAMJEW....	(DAMAGED JEWELRY)
MISOTHER...	(MISSING - OTHER)
MISCONT...	(MISSING CONTACTS)
MISDENT...	(MISSING DENTURES)
MISGLASS...	(MISSING GLASSES)
MISHEAR...	(MISSING HEARING AID)
MISJEWEL...	(MISSING JEWELRY)
MISMONEY...	(MISSING MONEY)
STOLEN....	(STOLEN PROPERTY)

TPS – Treatment/Procedure/Specimen Collection Sub Categories

Incident Sub-Categ

* Required

ADVREACT...	(ADVERSE REACTION)
ASEPTICNF..	(ASEPTIC TECHNIQUE NOT FOLLOWED)
CANCELLED..	(CANCELLED)
CLERERROR..	(CLERICAL ERROR)
COMPLICATI.	(COMPLICATION)
CONDCHANG..	(CONDITION CHANGE - PROVIDER NOT NOTIFIED)
DECUB.....	(DECUBITUS - FACILITY ACQUIRED)
DELAY.....	(DELAYED)
DISLODGED..	(DISLODGED)
DOCUMT....	(DOCUMENTATION)
FORBODY....	(FOREIGN BODY RETENTION)
IMPROPUSE..	(IMPROPER USE)
IMPPERF....	(IMPROPERLY PERFORMED)
INAPPROC...	(INAPPROPRIATE PROCEDURE/TREATMENT)
INCOMPLETE.	(INCOMPLETE)
INFECTION..	(INFECTION - FACILITY ACQUIRED)
MISDIAG....	(MISDIAGNOSIS)
NONCOMP....	(NON COMPLIANCE)
NOORDENTRY.	(NOT ENTERED IN ORDER ENTRY)
NOTORDERED.	(NOT ORDERED)
OMISSION...	(OMISSION)
ORDERND....	(ORDERED NOT DONE)
OTHER.....	(OTHER)
PATPULLED..	(PATIENT PULLED OUT)
POLPROC....	(POLICY OR PROCEDURE ISSUE)
PREPPROBL..	(PREP PROBLEM)
NOTAVAILAB.	(PROVIDER NOT AVAILABLE)
REPORTWD...	(REPORT TO WRONG MD/PROVIDER)
RESULTSINC.	(RESULTS INCORRECTLY REPORTED)
SPECINLABL.	(SPECIMEN LABEL ISSUE)
SPECLOST...	(SPECIMEN LOST)
SPECWRGNT.	(SPECIMEN WRONG CONTAINER)
SYSTEMS....	(SYSTEMS)
TUBEFEED...	(TUBEFEEDING ISSUES)
UNPLANTRAN.	(UNPLANNED TRANSFER)
WRGPATIENT.	(WRONG PATIENT)
WRGSITE....	(WRONG SITE)
WRGTIME....	(WRONG TIME)
WRGTREAT...	(WRONG TREATMENT/PROCEDURE)

Incident Description

Brief Description Of Incident

* Required

Patient fell from chair while reaching fir her phone on the floor next to her chair.

Prev

Next

Ex: Enter brief description of the incident (include any injury)

Description of the Incident can be entered. You can enter unlimited number of characters for the description.

Following above question – depending on the Incident Category you selected, you may get other questions prompted – See below sections based on Category of Incident selection.

Physician Notified?

Physician Notified?

* Required

Yes No

Prev

Next

Ex: Was Physician Notified of the Incident?

Click Yes or No To Answer

If Physician was notified = Y:

Physician Notified Search

Enter Physician Last Name & Click SEARCH

Search

Select Field	Value	
Pract/Phys Name ▼	p	Search

1 (s) Records Found.

Practitioner ID	Pract/Phys Name
PHYTEST123	Physician, Testing
1	

Please Select a page number to view more records

Prev	Next	Clear Response
------	------	----------------

Ex: Enter LAST Name Of Physician Who Was Notified Of The Incident & Click SEARCH

Physician Search question displays.

Enter the Last Name of the Physician and click SEARCH. A listing of active physicians for your facility displays.

Highlight the respective physician and click to select it.

Physicians that display are maintained in the YES system from an ongoing data feed from your IT respective systems. *IF Physician NOT FOUND ** - Advise your Risk Management Department.*

Date Physician Notified

Date Physician Notified

September 2015						
S	M	T	W	T	F	S
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10

Prev

Next

Ex: Select Date Physician Was Notified

Date Physician was notified question displays for entry

Time Physician Notified

Time Physician Notified (Military)

Prev

Next

Ex: Enter Time Physician Was Notified (i.e., 23:00)

Time Physician Notified question displays for entry

If Physician Notified? N, the above questions will not display and below question displays:

Why Wasn't Physician Notified?

* Required

Prev

Next

Ex: Enter Why Wasn't Physician Notified

Supervisor Notified? Supervisor Notified?

* Required

Yes No

Prev

Next

Ex: Was Supervisor Notified Of Incident?

If Y, Supervisor questions display for entry:

Supervisor Notified Search

Enter Last Name Of Supervisor Notified --Click SEARCH

* Required

Search

Select Field	Value	
Employee Name <input type="text" value="▼"/>	<input type="text" value="em"/>	<input type="button" value="Search"/>

1 (s) Records Found.

Org/Person ID	Employee Name	Empl Num	Dept
EMPTTEST383	Employee, Testing	EMPTTEST3832	
1			

Please Select a page number to view more records

<input type="button" value="Prev"/>	<input type="button" value="Next"/>
-------------------------------------	-------------------------------------

Ex: Enter Supervisor LAST Name and Click SEARCH To Find Employee

Supervisor Notified Search – displays for selection of a supervisor if one was notified of the Occurrence. Enter the Last Name of Supervisor (Employee) and click SEARCH.

A listing of active employees with that last name display. Highlight the respective employee and clicks to select.

Your facility has an ongoing data feed from your respective HR system of all your active Employees so that all active employees are in the YES system.

**IF Employee NOT FOUND -- If you do not find a particular employee, please check with Risk Management/Nursing Direction.*

Date Supervisor Notified

Date Supervisor Notified

September 2015						
S	M	T	W	T	F	S
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10

Prev

Next

Ex: Select Date Supervisor Was Notified

Date Supervisor Was Notified can be selected

Time supervisor Notified

Time Supervisor Notified (Military)

Prev

Next

Ex: Enter Time Supervisor Notified (HH:MM)

Time Supervisor was notified can be entered

If Supervisor Notified = N, following question will display:

Why Wasn't Supervisor Notified?

* Required

Prev

Next

Ex: Enter Why Wasn't Supervisor Notified?

Others Notified

Other(s) Notified

Prev

Next

Ex: Describe Other(s) Notified of the Incident

If others were notified of the Incident, you can enter their name(s).

Injury Involved?

Was An Injury Involved?

* Required

Yes No

Prev

Next

Ex: Was An Injury Involved?

User answers Y or N to above.

Type of Injury Injury Type

* Required

ABRASION...	(ABRASION)
ALTEREDSTA.	(ALTERED STATE (OXYGENATION))
BLISTER...	(BLISTER)
BRUISE.....	(BRUISE)
BURN.....	(BURN)
CARDRESP...	(CARDIAC/RESPIRATORY ARREST)
COMPARSYND.	(COMPARTMENT SYNDROME)
CONTRACTUR.	(CONTRACTURE)
CONTUSION..	(CONTUSION)
CRUSH.....	(CRUSH INJURY)
DAMAGTEET..	(DAMAGED TEETH)
DEATH.....	(DEATH)
DECUBITUS..	(DECUBITUS)
DISLOCAT...	(DISLOCATION)
ELECSHOCK..	(ELECTRICAL SHOCK)
EMOTDISTR..	(EMOTIONAL DISTRESS)
EXACERBATE.	(EXACERBATION OF CONDITION)
FRACTURE...	(FRACTURE)
HEMATOMA...	(HEMATOMA)
HEMORRAG...	(HEMORRHAGE)
HYPERGLYC..	(HYPERGLYCEMIA)
HYPERTEN...	(HYPERTENSION)
HYPOCLYCEM.	(HYPOGLYCEMIA)
HYPOTEN...	(HYPOTENSION)
HYPOXIA...	(HYPOXIA)
INFECT.....	(INFECTION)
ITCHING....	(ITCHING)
LACERATION.	(LACERATION)
NEURODEFIC.	(NEUROLOGICAL DEFICIT)
NONE.....	(NONE)
OTHER.....	(OTHER)
PARALYSIS..	(PARALYSIS)
PERFORAT...	(PERFORATION)
PUNCWND....	(PUNCTURE WOUND)
RASHHIVE...	(RASH/HIVES)
REDNESS...	(REDNESS)
SKIN.....	(SKIN INJURY)
SKINTEAR...	(SKIN TEAR (NOT SKIN INJURY))
STRSPR.....	(STRAIN/SPRAIN)
SWELLING...	(SWELLING TO AREA)
UNKNOWN...	(UNKNOWN)

Select primary injury sustained as a result of the incident.

Family Aware/Notified?

Family Aware/Notified?

* Required

Yes No

Prev

Next

Ex: Was the family aware/notified of the incident? (Y/N)

Select whether Family Is Aware of the event/incident

Patient Aware?

Patient Aware?

* Required

Yes No

Prev

Next

Ex: Is Patient Aware Of Event?

Select whether Patient Is Aware of the event?

Reporter's Information

REPORTER DETAILS	
Reported Date	1/19/2022
Reported By Type	USER
Reported/Entered By	WEB3834
Reporter Name	WEB 3834 NIOBRARA COUNTY PROFILE
* Date Incident/Event Rprt Received	1/19/2022

The Reporter's information displays automatically on the grid on the left with User ID, User Name, Reported Date and Received Date populate with today's date/time.

If Category is NOT Medication or IV

IF the Incident Category is NOT MEDICATION or IV, following question displays:

Was Incident Witnessed?

* Required

Yes No

Prev

Next

Ex: Was Incident Witnessed?

Click Yes Or No To Answer

Select if the Incident Was Witnessed.

If Event Witnessed was answered Y – the witness related questions display for entry for the main witness involved in the event – See WITNESS section later on in the document.

Were Other Individuals Involved?

* Required

Yes No

Prev

Next

Ex: Were Other Individuals Involved In The Event?


i.e., Physician, Other Patient or Person, Employee

IF answer to above is Y, additional Party Involved questions will display for user to answer. See INDIVIDUALS INVOLVED section below in this document.


Save Your Incident

At the end of the questions to be displayed for that type of event being entered, user is advised to Preview their work prior to saving by clicking PrevPage to move back through the entries and can make any modifications by clicking on the respective row to modify.

Preview your work prior to saving by clicking on PrevPage. Click SAVE at the top left corner when ready to SAVE.

Click  button at the top left corner of the Grid when ready to save the event.

Once SAVE is clicked, the initial event details will be saved and displayed per example below:



Yellowstone Insurance Exchange -- THIS IS FOR TESTING
ONLY

Event Reporting System

Hello WEB 3834 NIOBRARA
COUNTY PROFILE

[Log Out](#)

Save
Cancel/Return
Start New Entry

Num	Question	Response
1	* Group #	38
2	Event Number	38342022000001
3	Master Event Number	38342022000001
4	Facility	34
5	Facility Name	NIOBRARA COUNTY HEALTH DISTRICT
PATIENT INFO DETAILS		
7	* Type of Person	PATIENT
8	* Enter LAST NAME of Patient & Click SEARCH	PAT383412345
9	Patient OrgPerID	PAT38341
10	* Patient Name	Patient, Testing
11	Medical Record #	PAT3834123
12	Gender/Sex	
13	Birth Date	
14	Patient Age	0
15	Patient Age Unit	
16	Admission Date	09/07/2020
17	Admitting Diagnosis	
INCIDENT DETAILS		
19	* Did Incident Reach The Patient?	Y
20	Near Miss - NO	N
21	* Date of Incident	01/19/2022
22	Day Of Week	Wednesday
23	* Time of Incident (Military)	12:12

Entry Type: PATIENT Incident (VIEW)

Thank You for Reporting.. Your Event Entry Has Been Submitted

My Open Follow Up

[Click Here To Complete Your Follow Up: DEPARTMENT MANAGER / LEADER FOLLOW UP - WKN006026Z](#)

Additional Incident Info

Add

[Click Here to add Follow Up](#)

The options on the right will only display if user answered Y to Parties Involved or Y to Witnesses within the main entry questions. It will allow the user to add any Additional Witnesses, Additional Parties Involved in the Event, if any.

You can click on the respective option under “Additional Event Info” to add the additional information for the event, if applies.

IF ADMIN is the Incident Category

Basic questions display and Injury Type question sets itself to N so user does not need to answer:

INJURY DETAILS		
39	Was An Injury Involved?	N
40	Injury Type (NA)	NA

IF BEHAVIOR is the Incident Category

Additional Questions asked:

Was Police Called?

* Required

Yes No

Ex: Was Police Called?

Was Child/Adult Protective Services Called?

* Required

Yes No

Prev

Next

Ex: Was Child/Adult Protective Services Called?

Click Yes Or No To Answer

Patient/Person Secluded?

* Required

Yes No

Prev

Next

Ex: Patient/Person Secluded?

Patient/Person Restrained?

* Required

Yes No

Prev

Next

Ex: Patient/Person Restrained?

If Patient/Person Restrained = Y, following question also displays:

Type Of Restraint

CHEMICAL . . . (CHEMICAL)
MECHANICAL . (MECHANICAL)
PHYSICAL . . . (PHYSICAL)

Ex: Select Type of Restraint

IF CONSENT is the Incident Category

Basic questions display and Injury Type question sets itself to N so user does not need to answer:

INJURY DETAILS		
39	Was An Injury Involved?	N
40	Injury Type (NA)	NA

IF EQUIPMENT is the Incident Category

Additional questions can display for user to enter more information:

Select Equipment/Device

BATHTUB....	(BATHTUB)
BED.....	(BED)
BIPAP.....	(BIPAP)
CATH.....	(CATHETER)
COMMODE....	(COMMODE)
COMPUTER...	(COMPUTER RELATED EQUIPMENT)
CT.....	(CT)
DIAGNOSTIC.	(DIAGNOSTIC EQUIPMENT)
DRAIN.....	(DRAIN)
EKG.....	(EKG MACHINE)
ENGINEER...	(ENGINEERING/MAINTENANCE EQUIPMENT)
HEATPAD....	(HEATING PAD)
INTUBATION.	(INTUBATION EQUIPMENT)
IV.....	(IV EQUIPMENT)
KITCHEN....	(KITCHEN EQUIPMENT)
LAB.....	(LAB EQUIPMENT)
MONITOR....	(MONITOR)
OTHER.....	(OTHER)
LIFT.....	(PATIENT LIFT)
PT.....	(PHYSICAL THERAPY EQUIPMENT)
RADIOLOGY..	(RADIOLOGY EQUIPMENT)
RT.....	(RESPIRATORY THERAPY EQUIPMENT)
RESTR.....	(RESTRAINT)
ROLCH.....	(ROLLING STOOL/CHAIR)
SCALE.....	(SCALE)
SCOPE.....	(SCOPE)
STRETCHER..	(STRETCHER)
SUCTION....	(SUCTION)
XRAY.....	(XRAY)

Model Number

Ex: Enter Model Number

Brand Name

Ex: Enter Brand Name

Serial Number

Ex: Enter Serial Number

Equip/Device Tagged?

Yes No

Ex: Was Equipment Tagged as defective?

Taken Out Of Service?

Yes No

Prev

Next

Ex: Was Equipment Taken Out Of Service?

Biomed Contacted?

Yes No

Prev

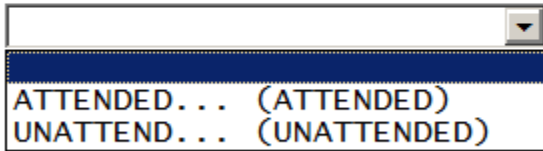
Next

Ex: Was Biomed Contacted After Equipment/Issue?

IF FALL is the Incident Category

Additional questions can display for user to enter more information:

Staff Attended



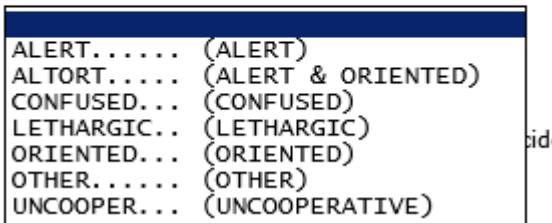
ATTENDED... (ATTENDED)
UNATTEND... (UNATTENDED)

Ex: Select Staff Attendance At Time Of Fall

Select staff attendance details for the Occurrence.

Patient Status Prior To Incident

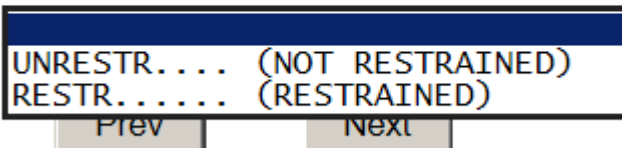
* Required



ALERT..... (ALERT)
ALTORT..... (ALERT & ORIENTED)
CONFUSED... (CONFUSED)
LETHARGIC.. (LETHARGIC)
ORIENTED... (ORIENTED)
OTHER..... (OTHER)
UNCOOPER... (UNCOOPERATIVE)

Select Status of the patient prior to the Incident

Restraints In Place



UNRESTR.... (NOT RESTRAINED)
RESTR..... (RESTRAINED)

Prev Next

Ex: Select Restraints In Place

Select if restraints were in place prior to Fall.

Bed Rail Level

UP.....	(ALL SIDERAILS UP)
LUP.....	(LOWER SIDE RAILS UP ONLY)
NA.....	(NA)
DOWN.....	(SIDERAILS DOWN)
UUP.....	(UPPER SIDE RAILS UP)

Select Bed Rail Level prior to Fall

Bed/Chair Alarm ?

BEDALARM...	(BED ALARM USED)
CHRALARM...	(CHAIR ALARM USED)
NA.....	(NOT APPLICABLE)
NOTAVAIL...	(NOT AVAILABLE)
NOTUSED...	(NOT USED)
USED.....	(USED)

Select Bed/Chair Alarm if applicable

Patient on Fall Precautions?

* Required

Yes No

Prev

Next

Ex: Was Patient On Fall Precautions?

Change Made to Plan of Care?

Yes No

Prev

Next

Ex: Was A Change Made to Plan of Care?

Main Environmental Factor

ALARMNON...	(ALARM NOT ON)
ALARM.....	(ALARM NOT WORKING)
CALLBELL...	(CALL BELL NOT WORKING)
CALLOOR....	(CALL BELL OUT OF REACH)
LIGHINSUF..	(LIGHTING INSUFFICIENT)
NONE.....	(NONE)
OTHER.....	(OTHER)
UNEVSURF...	(UNEVEN SURFACE)
WETSLIP....	(WET/SLIPPER FLOOR)

Select Primary intervention Prior to the Fall

IF MEDICATION/IV is the Incident Category

The Medication Involved questions will be included in the main event entry

Enter Name Of Medication/IV Ordered

* Required

Prev

Next

Ex: Enter Name of Medication or IV Solution Ordered

Enter Medication/IV Solution Administered Name

* Required

Prev

Next

Ex: Enter Medication/IV Solution Administered Name

Route in which Medication was Ordered

SUBLING....	(administered sublingually)
NASAL.....	(Applied nasally)
RECTAL.....	(Applied rectally)
IM.....	(Intramuscular)
INTRATHEC..	(Intrathecally)
IV.....	(Intravenous)
ORAL.....	(Oral)
SUBQ.....	(Sub Cutaneous)
TOPICAL....	(Topical application)

Dose/Amount Ordered

Ex: Enter Dose/Amount Ordered (i.e., 100mg)

Dose/Amount Administered

Ex: Enter Dose/Amount Administered

Route Given

SUBLING....	(administered sublingually)
NASAL.....	(Applied nasally)
RECTAL.....	(Applied rectally)
IM.....	(Intramuscular)
INTRATHEC..	(Intrathecally)
IV.....	(Intravenous)
ORAL.....	(Oral)
SUBQ.....	(Sub Cutaneous)
TOPICAL....	(Topical application)

If Category = MEDICATION AND Sub Category = ADVERSE REACTION

Additional question displays for entry:

Select Level Of Adverse Reaction

* Required

CARDIOVAS..	(Cardiovascular Related Issues)
MENTALSTAT.	(Change in Mental Status)
GASTROINTE.	(Gastrointestinal Related Issues)
HEMATOLOGI.	(Hematologic Related Issues)
KNOWNALL...	(Known Allergy)
NEUROLOGIC.	(Neurological Related Issues)
NONE.....	(No Reaction Noted)
OTHER.....	(Other Related Issues, i.e., fever, renal, metabolic imbalance, etc.)
RESPIRATOR.	(Respiratory Related Issues)
SKIN.....	(Skin Related Issues)

If OTHER or PROPERTY/SECURITY is the Incident Category

Only standard questions display depending on Did Incident Reached Patient – Y or N

If TPS (Treatment/Test/Procedure/Specimen) is the Incident Category

Additional question displays for entry:

Treatment/Proc Performed

Prev

Next

Ex: Descr of Treatment/Procedure Performed

IF WITNESSES = Y

Additional Witness Questions will display for user to enter

Select Witness Type

* Required

CHILD.....	(CHILD (DAYCARE))
EMPLOYEE...	(EMPLOYEE)
FAMILY.....	(FAMILY)
FITNESSCNT.	(FITNESS CENTER MEMBER)
GOVERNMENT.	(GOVERNMENT REGULATORT AGENCY)
OTHER.....	(OTHER)
PATIENT....	(PATIENT)
PHYSICIAN..	(PHYSICIAN/HEALTHCARE PROFESSIONAL)
CAREGIVER..	(PT. CARE GIVER)
STUDENT....	(STUDENT)
VISITOR....	(VISITOR)
VOLUNTEER..	(VOLUNTEER)

User selects Witness' type of person.

Upon selection of EMPLOYEE, PHYSICIAN, or PATIENT above, the respective Search question displays for you to search for that type of person, select, displays the name and continue as in example below:

* Select Witness Type	EMPLOYEE
* Employee Search	EMP3827
Phys/Empl/Pat Name	EMPLOYEE, TESTING

Upon selection of any other type of person above, you will be prompted to enter the Witness First and Last Name

Enter Witness First Name

* Required

Ex: Enter Witness First Name

Witness Last Name

* Required

Ex: Witness Last Name

IF OTHER INDIVIDUALS/PARTIES INVOLVED = Y

User selects if any other parties were directly involved in the event (i.e., physician, employee, other patient, etc.)

If Other Parties Directly Involved is Y – the other parties directly involved questions display for user to answer and document the other party directly involved in the event.

Type of Person of Other Individual/Party Involved

* Required

EMPLOYEE...	(EMPLOYEE)
OTHER.....	(OTHER)
PATIENT....	(PATIENT)
PHYSICIAN..	(PHYSICIAN/HEALTHCARE PROFESSIONAL)
VISITOR....	(VISITOR)
VOLUNTEER..	(VOLUNTEER)

Select the type of person of the party directly involved in the event.

Upon selection of EMPLOYEE, PHYSICIAN, or PATIENT above, the respective Search question displays for user to search for that type of person. Once selected, the name displays and continue as in example below:

Physician Involved Search

* Required

Search

Select Field	Value	
Pract/Phys Name	physician	<input type="button" value="Search"/>

3 (s) Records Found.

Practitioner ID	Pract/Phys Name
1234114	PHYSICIAN, JOE
12341234	Physician, Joseph
09178273	PHYSICIANS, JOE
1	

Please Select a page number to view more records

Describe Other Party's Involvement

* Required

Prev

Next

Ex: Enter Description of Party/Person's Involvement

At the end of the questions for the Incident entry, once user saves the incident additional choices for data entry may display or not depending on the particular data entered for that incident.

IF Incident Category selected was MEDICATION, IVPERIP or IVCENT – After you SAVE the Event/Incident, you will see a link to the right on “Add” section where you can add any additional medication(s) involved in the event/incident - “Click Here to add Additional Medication Involved”

IF Incident Category selected was EQUIPMENT – After you SAVE the Event/Incident, you will see a link to the right under the “Add” section where you can add any additional equipment(s) involved in the event/incident - “Click Here to add Additional Equipment involved”

IF Witness Involved = Y, After you SAVE the Event/Incident, you will see a link to the right under the “Add” section where you can add any additional witnesses involved in the event/incident - “Click Here to add Additional Witness involved”

ALL Incidents entered will have option for “Click Here to add Follow Up Entry” which will be used by reporters or managers to enter their follow up for the given Incident.

Thank You for Reporting.. Your Event Entry Has Been Submitted

My Open Follow Up
Click Here To Complete Your Follow Up: DEPARTMENT MANAGER / LEADER FOLLOW UP - WKN0033410
Additional Incident Info
Add
Click Here to add Additional Parties Involved Click Here to add Follow Up

Manager Follow Up Section will be detailed below

NON Patient Incident Entry

If you select NON PATIENT INCIDENT from “Select Incident Type” drop down, you will be asked some of the same general questions and some different questions, as the patient questions won’t apply:

Incident Reach Person Involved?

Did Incident Reach The Person Involved?

*** Required**

Yes No

Ex: Did Incident Reach The Person Involved?

IF Answer to above is N

Basic questions such as Type of Person, Date of Incident, Time of Incident, Category & Code, Description display only for entry.

Type of Person Who had the Incident

Type of Person who had the Incident

*** Required**

EMPLOYEE...	(EMPLOYEE)
FAMILY.....	(FAMILY)
OTHER.....	(OTHER)
PHYSICIAN..	(PHYSICIAN/HEALTHCARE PROFESSIONAL)
CAREGIVER..	(PT. CARE GIVER)
VISITOR....	(VISITOR)
VOLUNTEER..	(VOLUNTEER)

Enter the Name of the Person involved in the incident

Person Name

* Required

Visitor, Susan x

Prev

Next

Ex: Enter Person Name (LAST, FIRST)

If VISITOR is selected, User can enter reason why that non-patient person is in the hospital/facility

Reason for Visitation

Reason for Visitation

visiting her brother

Prev

Next

(Last Name, First Name)

Date of Incident

Date of Incident

* Required

June 2014						
S	M	T	W	T	F	S
25	26	27	28	29	30	31
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5

Prev

Next

Ex: Select Incident Date

Time of Incident

Time of Incident (Military)

* Required

Prev

Next

Ex: Enter Time of Incident (i.e., 23:15)

Description of Incident

Brief Description Of Incident

* Required

Prev

Next

Ex: Enter brief description of the incident (include any injury)

The Incident Category is filtered to only display the categories that apply to a NonPatient

Incident Category

Incident Category

* Required

BEHAVIOR...	(BEHAVIOR)
FALL.....	(FALLS)
MEDICATION.	(MEDICATION)
OTHER.....	(OTHER EVENTS)
PROPERTY...	(PROPERTY/SECURITY)

Incident Sub Category

Incident Sub-Categ

* Required

ASSISTED...	(ASSISTED/LOWERED TO FLOOR)
COMMODE....	(BEDSIDE COMMODE/TOILET)
EXAMTABLE..	(EXAM/XRAY/OR TABLE/GURNEY)
FAINTED....	(FAINTED)
FROM CURB..	(FALL FROM CURB)
FLOOR.....	(FOUND ON FLOOR)
BED.....	(FROM BED)
CHAIR.....	(FROM CHAIR/WHEELCHAIR)
CRIB.....	(FROM CRIB)
EXERCEQUIP.	(FROM EXERCISE EQUIPMENT)
SHOWER.....	(IN SHOWER)
PATSTATES..	(PATIENT / OTHER STATES)
WHILEAMB...	(WHILE AMBULATING / STANDING)

Respective incident sub categories display based on the Incident category selected (setup for now same filters as in Patient Incident Entry)

Was Person Injured?

Was Person Injured?

* Required

Yes No NA

Prev

Next

Ex: Was Person Injured As A Result Of The Incident?

IF Y answered

Injury Type

Injury Type

* Required

ABRASION...	(ABRASION)
ALTEREDSTA.	(ALTERED STATE (OXYGENATION))
BLISTER...	(BLISTER)
BRUISE.....	(BRUISE)
BURN.....	(BURN)
CARDRESP...	(CARDIAC/RESPIRATORY ARREST)
COMPARSYND.	(COMPARTMENT SYNDROME)
CONTRACTUR.	(CONTRACTURE)
CONTUSION..	(CONTUSION)
CRUSH.....	(CRUSH INJURY)
DAMAGTEET..	(DAMAGED TEETH)
DEATH.....	(DEATH)
DECUBITUS..	(DECUBITUS)
DISLOCAT...	(DISLOCATION)
ELECSHOCK..	(ELECTRICAL SHOCK)
EMOTDISTR..	(EMOTIONAL DISTRESS)
EXACERBATE.	(EXACERBATION OF CONDITION)
FRACTURE...	(FRACTURE)
HEMATOMA...	(HEMATOMA)
HEMORRAG...	(HEMORRHAGE)
HYPERGLYC..	(HYPERGLYCEMIA)
HYPERTEN...	(HYPERTENSION)
HYPOCLYCEM.	(HYPOGLYCEMIA)
HYPOTEN...	(HYPOTENSION)
HYPOXIA...	(HYPOXIA)
INFECT.....	(INFECTION)
ITCHING....	(ITCHING)
LACERATION.	(LACERATION)
NEURODEFIC.	(NEUROLOGICAL DEFICIT)

NONE.....	(NONE)
OTHER.....	(OTHER)
PARALYSIS..	(PARALYSIS)
PERFORAT...	(PERFORATION)
PUNCWND....	(PUNCTURE WOUND)
RASHHIVE...	(RASH/HIVES)
REDNESS....	(REDNESS)
SKIN.....	(SKIN INJURY)
SKINTEAR...	(SKIN TEAR (NOT SKIN INJURY))
STRSPR.....	(STRAIN/SPRAIN)
SWELLING...	(SWELLING TO AREA)
UNKNOWN....	(UNKNOWN)

Select the Injury Sustained as a result of the incident.

Location of Incident

Location Of Incident

* Required

ADMIN.....	(ADMINISTRATION)
BLOODBANK..	(BLOOD BANK)
CAFETERIA..	(CAFETERIA)
CLINIC.....	(CLINIC)
COMMONA....	(COMMON AREAS)
CCU.....	(CRITICAL CARE UNIT)
DIETARY....	(DIETARY)
ED.....	(EMERGENCY DEPARTMENT)
ENVIRNSRVC.	(ENVIRONMENTAL SERVICES)
FRONTENTRY.	(FRONT ENTRY)
GROUNDS....	(GROUNDS)
HOSPLOBBY..	(HOSPITAL LOBBY)
ICU.....	(ICU)
LAB.....	(LABORATORY)
MEDSURG....	(MED/SURG UNIT)
NURSINGHME.	(NURSING HOME)
OTHER.....	(OTHER)
PARKLOT....	(PARKING LOT)
PHARMACY...	(PHARMACY)
PHYSTHERP..	(PHYSICAL THERAPY)
RADIOLOGY..	(RADIOLOGY)
UNKNOWN....	(UNKNOWN)

Exact Location/Room

Prev

Next

Ex: Enter Room #, Bathroom, etc (Limit 10 characters)

Reporter's details automatically prefill as user who is entering incident

REPORTER DETAILS		
46	Reported Date	01/19/2022
47	Reported By Type	USER
48	Reported/Entered By	WEB3834
49	Reporter Name	WEB 3834 NIOBRARA COUNTY PROFILE
50	* Date Incident/Event Rprt Received	01/19/2022

Was Incident Witnessed?

Was Incident Witnessed?

* Required

Yes No

Prev

Next

Ex: Was Incident Witnessed?

Click Yes Or No To Answer

IF Y answer above, Witness questions will display for entry

Were Other Individuals Involved?

Were Other Individuals Involved?

* Required

Yes No

Prev

Next

Ex: Were Other Individuals Involved In The Event?

i.e., Physician, Other Patient or Person, Employee

IF Answer Y above, Individual Involved questions display for entry

IF FALL is Incident Category

Additional question displays

Environmental Factor

CALLBELL...	(CALL BELL NOT WORKING)
CALLOOR....	(CALL BELL OUT OF REACH)
LIGHINSUF..	(LIGHTING INSUFFICIENT)
NONE.....	(NONE)
OTHER.....	(OTHER)
UNEVSURF...	(UNEVEN SURFACE)
WETSLIP....	(WET/SLIPPER FLOOR)

IF BEHAVIOR is Incident Category

Additional questions displays

Security/Code Called?

* Required

Yes No

Prev

Next

Ex: Was Security/Code Called? (Y/N)

Was CPS/APS Called?

* Required

Yes No

Prev

Next

Ex: Was Child Protective Services/Adult Protective Services Called?

Click Yes Or No To Answer

Police Notified?

* Required

Yes No

Prev

Next

Ex: Click Yes Or No To Answer

FOLLOW UP Entry

Upon save of any incident, one or more automatic emails are generated to specific department managers/directors as designed by your facility Risk Management team.

The email advises the particular manager that an event/incident has been entered for their area of responsibility. The auto email text example is below:

From: RiskQualHAS@yierrg.com [mailto:RiskQualHAS@yierrg.com]
Sent: Friday, January 17, 2014 4:14 PM
To: deptmanagerx@niobrarahospital.org
Subject: Follow up and review for Event #: 38342021000001

An Incident has occurred per the details below. You may review it by clicking on the link below and Login to the YES/RiskQual system with your assigned User ID and Password.

What - FALL
When - 01/17/2021
Where – MED/SURG
Injury - ABRASION

Once you have completed your review of the event details, if you would like to document any follow-up, Click on "Click Here To Enter Follow-Up" in the "MY OPEN FOLLOW UP" section.

THIS IS AN AUTOMATED EMAIL -- DO NOT REPLY -- If you have any questions - Please Contact your Risk Management Department.

Please click [here](#) to login to the HAS System.
Thank you

=====

The auto emails above will have a link in the email that will allow supervisor/manager to click on the email link. Upon clicking on the link, the YES Login page will display. Login to YES, and upon successful login, the system will display the specific Incident on the screen for which the follow up/auto email was generated.

You can review the details of the Incident by clicking on the link [Next Page >](#) at the bottom of the Grid containing all the incident details.

To enter follow up – Under the “My Open Follow Up” section to the right of the event details grid click on the link” Click here to complete follow up”.

You must click on this link in the MY OPEN FOLLOW UP section in order to document and close your open follow up.

My Open Follow Up
Click here to complete follow up : DEPARTMENT MANAGER / LEADER FOLLOW UP

If you do not see a link in My Open Follow Up, that means that you’re not assigned to complete an open follow up, but if you do want to document a follow up for this event, you can still enter a follow up by clicking on the “ADD Section” in the link

[Click Here to add Follow Up](#)

Additional Incident Info
Add
Click Here to add Follow Up

Completing Your Open Follow Up

Upon clicking on the link “Click Here To Complete Follow Up...” in the MY OPEN FOLLOW UP section, the follow up questions display:

Type Of Follow Up

* Required

CEOREVIEW.. (CEO REVIEW)
MGREVIEW... (DEPARTMENT MANAGER / LEADER FOLLOW UP)
INITRMREV.. (INITIAL RISK MANAGEMENT REVIEW)
INITUSER... (INITIAL USER/REPORTER FOLLOW UP)

Initial Reporter Follow Up

If you are the reporter (who entered the incident) and would like to enter any follow up you have completed after the incident/event occurred or notes, you can select Initial User/Reporter Follow Up.

If you are a department manager – see Department Manager Follow Up section below

Upon selection of Initial Reporter Follow Up, the following questions display:

Select Date of Follow Up/Entry

* Required

February 2017						
S	M	T	W	T	F	S
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	1	2	3	4
5	6	7	8	9	10	11

Prev

Next

Ex: Select Date of Follow Up/Entry

Enter Description of Initial Review

* Required

Prev

Next

Ex: Enter Details/Description of Initial Review for this Event

At the end of the follow up questions, the system prompts you to review the entry and SAVE to save the follow up.

Preview your work prior to saving by clicking on PrevPage. Click SAVE at the top left corner when ready to SAVE.

Click to save the follow up and return to the main event entry screen.

My Open Follow Up
Click Here To Complete Your Follow Up: DEPARTMENT MANAGER / LEADER FOLLOW UP - WKN0060267
Additional Incident Info
Follow Up : DEPARTMENT MANAGER / LEADER FOLLOW UP - By: WEB 3834 NIOBRARA COUNTY PROFILE - Entered: 01/19/2022
Add
Click Here to add Follow Up

The follow up entry is displayed in the View section on the main event screen and can be viewed by any other manager/supervisor, etc., with access to search for existing events. Data can be viewed only, cannot be changed.

CEO Review Follow Up

Type Of Follow Up

* Required

CEOREVIEW.. (CEO REVIEW)
MGREVIEW... (DEPARTMENT MANAGER / LEADER FOLLOW UP)
INITRMREV.. (INITIAL RISK MANAGEMENT REVIEW)
INITUSER... (INITIAL USER/REPORTER FOLLOW UP)

Ex: Select Type Of Follow-Up Being Entered

If you are the CEO and wish to add a note of your review of the event, upon selection of CEO Review Follow Up from above list, the following questions will display:

Select Date of Follow Up/Entry

* Required

January 2017						
S	M	T	W	T	F	S
25	26	27	28	29	30	31
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

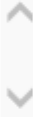
Prev

Next

Ex: Select Date of Follow Up/Entry

CEO Review Description

* Required



Prev

Next

Ex: Enter CEO Review Description


Department Manager/Leader Follow Up

If you are a department manager or supervisor, make this selection. Upon selection of Department Manager/Leader Follow Up from above list, the following questions will display:

Follow Up Date

Select Date of Follow Up/Entry

* Required



The image shows a date selection interface. At the top, there is a text input field containing '2/16/2017' and a small 'x' button to clear the field. Below this is a calendar for February 2017. The calendar has a dark blue header with the text '< February 2017 >'. The days of the week are abbreviated as S, M, T, W, T, F, S. The dates are arranged in a grid. The date 16 is highlighted in a blue box, indicating it is the selected date. The dates 29, 30, and 31 are shown in the first row, indicating the end of the month.

Prev

Next

Ex: Select Date of Follow Up/Entry

Select Date the follow up was performed. The system defaults to “today’s date” so you can Click NEXT if Today’s Date is correct or click on the date follow up was completed on the calendar.

Enter Dept Manager Follow Up Details

Review/Follow-Up Description

* Required

This is my department manager follow up, this and that....|

Prev

Next

Ex: Description of the dept manager's review of this issue/event

Enter a detailed description of the follow up you performed and click NEXT to continue.

Primary Cause of Incident

Select Primary Cause

BEHAVIOR...	(BEHAVIORAL ISSUE)
LOOK/SOUND.	(BRAND/GENETIC NAME LOOK ALIKE OR SOUND ALIKE)
CALCULATE..	(CALCULATION ERROR)
COMMUNICAT.	(COMMUNICATION ISSUE)
COMPLIC....	(COMPLICATION)
CONTRAINDI.	(CONTRAINDICATED)
CPOEINC....	(CPOE INCORRECT ENTRY)
EDUTRAIN...	(EDUCATION/TRAINING)
ENVIRONMEN.	(ENVIRONMENTAL FACTOR)
HANDWR.....	(HANDWRITTEN ENTRY)
IDSCAN.....	(ID NOT SCANNED)
IMPRPROC...	(IMPROPERLY PERFORMED PROCEDURE/TREATMENT/SPECIMEN)
MEDSCAN....	(MED NOT SCANNED)
MEDCOND....	(MEDICAL CONDITION)
NONFORMULA.	(NON FORMULARY DRUG)
NOTLEGIBLE.	(NOT LEGIBLE)
ORDERNCL...	(ORDERS NOT CLEARED)
ORDERNFOL..	(ORDERS NOT FOLLOWED)
ORDPROC....	(ORDERS NOT PROCESSED PROPERLY)
OTHER.....	(OTHER)
PATUNCOO...	(PATIENT UNCOOPERATIVE)
POLPROCIN..	(POLICY/PROCEDURE INADEQUATE)
POLPROCINC.	(POLICY/PROCEDURE INCORRECT)
POLPROC....	(POLICY/PROCEDURE NOT FOLLOWED)
RECONCILE..	(RECONCILIATION (i.e., ADMISSION, D/C, TRANSITION))
SOFTWARE...	(SOFTWARE ISSUE)
STAFFACUI..	(STAFF/ACUITY)
UNKNOWN....	(UNKNOWN)
LABELING...	(UNLABELED/MISLABELED)

Select the primary cause for the incident from the dropdown.

Secondary Cause of Incident

Select Secondary Cause

BEHAVIOR...	(BEHAVIORAL ISSUE)
LOOK/SOUND.	(BRAND/GENETIC NAME LOOK ALIKE OR SOUND ALIKE)
CALCULATE..	(CALCULATION ERROR)
COMMUNICAT.	(COMMUNICATION ISSUE)
COMPLIC....	(COMPLICATION)
CONTRAINDI.	(CONTRAINDICATED)
CPOEINC....	(CPOE INCORRECT ENTRY)
EDUTRAIN...	(EDUCATION/TRAINING)
ENVIRONMEN.	(ENVIRONMENTAL FACTOR)
HANDWR.....	(HANDWRITTEN ENTRY)
IDSCAN.....	(ID NOT SCANNED)
IMPRPROC...	(IMPROPERLY PERFORMED PROCEDURE/TREATMENT/SPECIMEN)
MEDSCAN....	(MED NOT SCANNED)
MEDCOND....	(MEDICAL CONDITION)
NONFORMULA.	(NON FORMULARY DRUG)
NOTLEGIBLE.	(NOT LEGIBLE)
ORDERNCL...	(ORDERS NOT CLEARED)
ORDERNFOL..	(ORDERS NOT FOLLOWED)
ORDPROC....	(ORDERS NOT PROCESSED PROPERLY)
OTHER.....	(OTHER)
PATUNCOO...	(PATIENT UNCOOPERATIVE)
POLPROCIN..	(POLICY/PROCEDURE INADEQUATE)
POLPROCINC.	(POLICY/PROCEDURE INCORRECT)
POLPROC....	(POLICY/PROCEDURE NOT FOLLOWED)
RECONCILE..	(RECONCILIATION (i.e., ADMISSION, D/C, TRANSITION))
SOFTWARE...	(SOFTWARE ISSUE)
STAFFACUI..	(STAFF/ACUITY)
UNKNOWN....	(UNKNOWN)
LABELING...	(UNLABELED/MISLABELED)

Description of Additional Causes/Factors

Enter Description of Additional Causes/Factors

* Required

Prev

Next

Ex: Enter general description of additional causes you feel led to this Issue/Event


Primary Action Taken To Date

Select Primary Action Taken To Date

EDUCTRAIN..	(EDUCATIONAL TRAINING)
NOACTION...	(NO ADDITIONAL ACTION REQUIRED)
PHYSNOTIF..	(PHYSICIAN NOTIFIED WITH RESOLUTION)
POLPROC....	(POLICY & PROCEDURE CHANGE)
PREVREV....	(PREVIOUSLY REVIEWED/COMPLETED)
PROCESS....	(PROCESS IMPROVEMENT INITIATED)
REVSTAFMTG.	(REVIEWED AT STAFF MEETING)
SELFEVAL...	(SELF-EVALUATION REQUESTED)
SENIORLEAD.	(SENIOR LEADER NOTIFIED)
MEDEVAL....	(SENT FOR FURTHER MEDICAL EVALUATION)
STAFFCOUNS.	(STAFF COUNSELED)

Date of Initial Action

Select Date Initial Action Was Taken



A calendar interface for February 2017. The calendar is displayed in a grid format with days of the week (S, M, T, W, T, F, S) as column headers. The date 16 is highlighted in blue. Navigation arrows are present at the top left and top right of the calendar.

February 2017						
S	M	T	W	T	F	S
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	1	2	3	4
5	6	7	8	9	10	11

Prev

Next

Ex: Date action was taken regarding this Issue/Event

Description of Additional Action(s) Taken

Enter Desc of Additional Actions Taken To Date

* Required

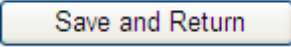
Prev

Next

Ex: Enter Desc of Additional Actions Taken To Date regarding this Issue/Event

The system will prompt you to preview your entry to ensure it is accurate and click SAVE at top left corner of the grid to save your follow up:


Preview your work prior to saving by clicking on PrevPage. Click SAVE at the top left corner when ready to SAVE your Additional Entry.

Click  to save your follow up entry. The system will save your follow up and return you to the main entry screen.

My Open Follow Up
Click Here To Complete Your Follow Up: DEPARTMENT MANAGER / LEADER FOLLOW UP - WKN0060267
Additional Incident Info
Follow Up : DEPARTMENT MANAGER / LEADER FOLLOW UP - By: WEB 3834 NIOBRARA COUNTY PROFILE - Entered: 01/19/2022
Add
Click Here to add Follow Up

Your department manager follow up entry is displayed on the Additional Incident Info section and can be viewed by any other manager that has access to that incident/event.

Click  or  to return to the main screen.

Click  the X on the upper right corner of your screen to EXIT the system.

Completing Open Follow Ups Assigned To You

If you have additional events/incidents or complaints that are assigned to you for Follow Up, for which you would have also received individual emails, you will see a listing of Open Follow Ups when you click on CANCEL or Start New Entry from any Incident or Complaint screen.

It will display a grid showing you the list of Open Follow Ups assigned to you as of today:

(***IF you are a department manager, and do not see this option below, you are not assigned to receive Open Follow Up queue. Contact your Hospital Risk Manager to advise them ***).

Open Follow Ups/Tasks List Assigned To: WEB 3834 NIOBRARA COUNTY PROFILE

View	Follow Up Number	Owner Number	Module	Follow Up Due	Created Date	Patient/Person Name	Follow Up Task	Category	Code	Dept	Location
View	WKN0060267	38342022000001	Incident	01/19/2022	01/19/2022	Patient, Testing	TESTING---DEPARTMENT MANAGER / LEADER FOLLOW UP	TPS	INFECTION		ACUTE
View	WKN0060237	38342021000002	Incident	02/17/2021	02/17/2021	Visitor, Susie	TESTING---DEPARTMENT MANAGER / LEADER FOLLOW UP	FALL	WHILEAMB		PARKLOT
View	WKN0060244	38342021000002	Patient Relations	02/17/2021	02/17/2021	PatientToo, Testing	DEPARTMENT MANAGER FOLLOW UP	COMMUNIC	PHY		ED
View	WKN0060235	38342021000001	Incident	02/17/2021	02/17/2021	Patient, Testing	TESTING---DEPARTMENT MANAGER / LEADER FOLLOW UP	FALL	COMMODE		ED
View	WKN0060239	38342021000001	Patient Relations	02/17/2021	02/17/2021	PatientToo, Testing	DEPARTMENT MANAGER FOLLOW UP	ATTITUDE	OTHSTAFF		ECULTC

The grid shows the following information:

Open Follow Ups/Tasks List Assigned To: WEB 3834 NIOBRARA COUNTY PROFILE

View	Follow Up Number	Owner Number	Module	Follow Up Due	Created Date	Patient/Person Name	Follow Up Task	Category	Code	Dept	Location
----------------------	------------------	--------------	--------	---------------	--------------	---------------------	----------------	----------	------	------	----------

Name of user who's logged in for which open follow ups exist.

Module for which the follow up was assigned (i.e., Incident or Pt Relations (Complaints))

Follow Up Due Date – date the follow up was assigned to the user (same date event or complaint was entered)

Created date – date the follow up entry was assigned to the user

Patient/Person Name – name of the patient or person involved in the event or complaint to be followed up

Follow Up task – description of the follow up to be done by the user

Category – Category of the event or complaint for which the follow up was assigned (i.e., Incident Category, Complaint Category, etc.)

Code – Sub code of the event or complaint for which the follow up was assigned

Dept – Department involved in the event or complaint for which the follow up was assigned (Some YSTONE facilities will not have any value in this column as it is not used – Location is used as main department identifier)

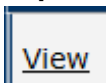
Location – Location involved in the event or complaint for which the follow up was assigned

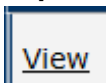
Open Follow Up Grid Options

Sort – The default sort order is by Follow Up Date in Descending Order (latest follow ups showing at the top).

User can click on the title of any column to sort all Open Follow Ups by that column (i.e., Inc Category)

Select from My Open Follow Up List to Complete



Click VIEW link  in front of any Open Follow up task to open the event or complaint associated with that follow up task assigned to you.

[View](#)

Upon clicking View in front of any record on the Open Follow Up grid, the particular record displays:

Save Cancel/Return Start New Entry

Entry Type: PATIENT Incident (VIEW)

Num	Question	Response
1	Group #	38
2	Event Number	38342022000001
3	Master Event Number	38342022000001
4	Facility	34
5	Facility Name	NIOBRARA COUNTY HEALTH DISTRICT
PATIENT INFO DETAILS		
7	Type of Person	PATIENT
8	Enter LAST NAME of Patient & Click SEARCH	PAT383412345
9	Patient OrgPerID	PAT38341
10	Patient Name	Patient, Testing
11	Medical Record #	PAT3834123
12	Gender/Sex	
13	Birth Date	
14	Patient Age	0
15	Patient Age Unit	
16	Admission Date	09/07/2020
17	Admitting Diagnosis	
INCIDENT DETAILS		
19	Did Incident Reach The Patient?	Y
20	Near Miss - NO	N
21	Date of Incident	01/19/2022
22	Day Of Week	Wednesday

My Open Follow Up
Click Here To Complete Your Follow Up: DEPARTMENT MANAGER / LEADER FOLLOW UP - WKN0060267
Additional Incident Info
Follow Up : DEPARTMENT MANAGER / LEADER FOLLOW UP - By: WEB 3834 NIOBRARA COUNTY PROFILE - Entered: 01/19/2022
Add
Click Here to add Follow Up


My Open Follow Ups

This section will display at the top right corner of the Event or Complaint screen under the heading “My Open Follow Up”


A link noted as “**Click here to complete follow up: DEPARTMENT MANAGER FOLLOW UP**” will display as per below

My Open Follow Up
Click Here To Complete Your Follow Up: DEPARTMENT MANAGER / LEADER FOLLOW UP - WKN0033402

Follow same instructions as above for documenting your follow up & closing it.

Click  to return to the main screen and enter an Incident or To view the rest, if any, of your Open Follow Ups and complete them.

The My Open Follow Up grid will refresh itself for NEW follow ups assigned to you while you are logged into the same session in YES. It will also refresh to Remove any Open Follow Ups that you have just completed and closed.

Click  the X on the upper right corner of your screen to EXIT the system.



Any Questions

Contact your IT Help Desk for Login Issues/Questions

Contact your Risk Management Department for System Questions/How To

Contact RiskQual Technologies Support Services - support@riskqual.com